

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Globe  
(Registration District)

County Gila

No. 140 R.R. Court St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			<u>4</u>

DATE OF BIRTH\* April 29<sup>th</sup> 1945  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Andrew Jackson Gilbert

FULL\* MOTHER  
MAIDEN NAME Hannie Mae Barber Gilbert

I HEREBY CERTIFY that the child described herein has been named

James Tyler Gilbert  
(Give name in full) (Surname)

A. Gilbert  
(Parent's Signature)

N. A. [Signature]  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 7/11/40

173-429-525

7 1940  
BOARD  
[Stamp]